# NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023

**Summary** The NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023 is the strategic statewide policy for meeting the health needs of culturally and linguistically diverse consumers for the next five years. The Plan aims to ensure people of culturally and linguistically diverse backgrounds have equitable access to the health care services that are culturally responsive, safe and high quality. The Plan serves as the NSW Health multicultural plan under the NSW Multicultural Policies and Services Program.

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**Distributed to** Ministry of Health, Public Health System, NSW Ambulance Service

**Audience** All staff of the NSW public health system

Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

POLICY STATEMENT

# NSW PLAN FOR HEALTHY CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES: 2019-2023

## PURPOSE

The NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023 is the strategic statewide policy for meeting the health needs of culturally and linguistically diverse consumers for the next five years. It aims to ensure people of culturally and linguistically diverse backgrounds have equitable access to health care services that are culturally responsive, safe and high quality. The Plan also affirms the commitment of NSW Health to the principles of the *Multicultural NSW Act 2000* in particular respecting and making provision for the culture and language of others. The Plan serves as the NSW Health multicultural plan under the NSW Multicultural Policies and Services Program.

## MANDATORY REQUIREMENTS

NSW Health organisations are required to take action to work towards achieving the outcomes of the NSW Plan for Healthy Culturally and Linguistically Diverse communities: 2019-2023. These are:

1. Strategies in place to improve access and quality of care for people of culturally and linguistically diverse backgrounds
2. Support provided for people of culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health
3. Health organisations are responsive to people's individual needs, language and culture
4. An understanding of the needs, experiences and identities of culturally and linguistically diverse communities in NSW.

Local health districts, specialty health networks, pillars, statewide specialist multicultural health services and statewide health services, should use the Plan to develop a local plan or include elements of the Plan in relevant strategic plans.

## IMPLEMENTATION

NSW Health organisations should:

- Nominate a senior officer to sponsor implementation and reporting on the Plan
- Have a multicultural or diversity committee to oversee implementation
- Identify local needs and develop strategies in partnership with consumers
- Have a local-level plan of action to implement the Plan

- Engage and include consumers in policy, service and program planning, implementation and evaluation processes
- Include evaluation in multicultural health projects and program
- Monitor and report on progress towards achieving the outcomes of the Plan.

The full policy implementation plan with outcomes, strategic objectives, indicators, and responsibilities are listed in the Plan on pages 10 - 13, and actions to implement the plan are listed on page 14.

Under the NSW Multicultural Policies and Services Program (MPSP) reporting program, the Ministry of Health will:

- Provide policy support and guidance to NSW Health organisations in implementing the Plan for Healthy Culturally and Linguistically Diverse communities: 2019-2023.
- Monitor progress towards achieving the outcomes of the Plan including coordinating the NSW Health annual MPSP reporting process.
- Draft the consolidated NSW Health MPSP report for submission to Multicultural NSW.
- Provide MPSP policy advice to the Minister for Health, the senior executive of the Ministry of Health, local health districts, specialty health networks, pillar organisations, statewide health services and programs.

## REVISION HISTORY

| Version | Approved by | Amendment notes |
|---|---|---|
| May-2019 (PD2019_018) | Secretary, NSW Health | Rescinds PD2012_020. |

## ATTACHMENTS

1. NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023.

# NSW Plan for Healthy Culturally and Linguistically Diverse Communities

2019-2023

NSW GOVERNMENT

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# Foreword

It is with great pleasure that I present the *NSW Plan for Healthy, Culturally Diverse Communities: 2019-2023*.

This document sets the direction for NSW Health in the delivery of high quality services for people from culturally and linguistically diverse backgrounds.

New South Wales is a diverse, cohesive and successful multicultural society. Data from the 2016 Census shows that 2,068,000 people in NSW were born overseas and that more than 1,878,000 people spoke a language other than English at home.

This Plan supports key priorities set out for the system, one of which is to put patient safety first. This includes making sure our staff are skilled and supported to provide culturally appropriate care and are able to effectively communicate with people who speak a language other than English.

The Plan links to the National Safety and Quality Health Service Standards, which will enable NSW Health Organisations to strengthen their focus on providing safe and high-quality services for culturally and linguistically diverse consumers.

NSW Health consulted with people from culturally and linguistically diverse communities to ensure that the Plan addressed their needs and experiences. NSW Health organisations also contributed to this Plan by identifying strategies to ensure processes and services meet the individual and cultural needs of our diverse communities.

As we look to the next five years, this Plan reinforces that we all have a role to play in successfully meeting the health needs of NSW's diverse community.

**Elizabeth Koff**
Secretary, NSW Health

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# Key terms

**Carer:** anyone who provides ongoing unpaid support to family or friends who need help because they have a disability, have a chronic, terminal or mental illness, or are frail and aged.[1]

**Consumer:** a current or potential user of a health service.

**Culturally and linguistically diverse:** the non-Indigenous cultural and linguistic groups represented in the Australian population who identify as having cultural or linguistic connections with their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home.[2]

**Cultural competence:** a set of behaviours, attitudes and policies that come together in a system or agency or among health professionals that enables them to work effectively in cross-cultural situations.[3]

**Culturally responsive care:** an extension of person-centred care that includes paying attention to social and cultural factors in managing therapeutic encounters with consumers from diverse cultural and social backgrounds.[4] It is an ongoing process requiring health professionals to continuously self-reflect and proactively respond to the consumer, their carer or the family with whom they interact.[5]

**Cultural responsiveness:** the capacity to respond to the healthcare needs of culturally and linguistically diverse communities.[6]

**Health literacy:** the ability of people to understand information about health and healthcare and apply that to their lives, use it to make decisions and act on it. The components of health literacy are:

- **Health literacy environment:** the systems, processes, people, information and practices that make up the health and healthcare industries and sector. Examples include the way information about options on health and health services is provided, information about health and healthcare in the media and the way health systems and processes are set up.

- **Individual health literacy:** a person's skills and abilities in understanding health concepts, including how well they can find, understand and act on health information, make health decisions, and find and use health services. Examples include how much the person already knows about health issues, the way their beliefs might shape their care decisions, how much they know about risks, how confident they are at asking questions and how skilled they are at balancing options.[7]

**Multicultural:** including and respecting people who have customs, beliefs and cultures from different countries and backgrounds.

**NSW Health:** the Ministry of Health and public health organisations comprising pillar organisations, local health districts, speciality health networks and statewide health services. NSW Health is the largest healthcare system in Australia, employing around 117,000 full-time equivalent staff. For a description of the structure of NSW Health see: https://www.health.nsw.gov.au/about/nswhealth/Pages/structure.aspx.[8]

**National Safety and Quality Health Service (NSQHS) Standards:** The Australian Commission on Safety and Quality in Health Care (ACSQHC) developed the NSQHS Standards to ensure implementation of safety and quality systems and improve the quality of healthcare in Australia. The eight NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services.[9]

# Introduction

New South Wales is a successful multicultural society. Culturally and linguistically diverse communities within NSW include both long established communites and smaller emerging groups. NSW Health is Australia's largest healthcare system and provides healthcare services for all Medicare eligible consumers in NSW. This includes Australian citizens, permanent residents, refugees and humanitarian entrants.

The *NSW Plan for Healthy Culturally and Linguistically Diverse Communities 2019–2023* (the Plan) builds on the achievements of the previous plan. It provides guidance for NSW Health organisations about ongoing work to ensure people from culturally and linguistically diverse backgrounds can access safe, high-quality and person-centred healthcare.

This Plan is designed to support an equitable health system where cultural and linguistic needs are recognised and addressed in policy development, service planning and delivery.

An outcomes approach has been used for the Plan. The outcomes are the desired results that will benefit consumers and the health system. High-level strategic objectives and indicators within the Plan will assist organisations to monitor progress towards achieving the desired outcomes.

The desired outcomes of the Plan are to ensure a health system that:

- is culturally responsive
- provides accessible and high quality care for all consumers
- builds the health literacy of consumers and health staff
- uses its understanding of consumer health needs to inform the work it does.

The Plan was developed through consultation with NSW Health organisations, community organisations and consumers; it also draws on peer-reviewed and grey literature. It was informed by the NSW Health multicultural health principles (on the right), which were developed in 2009 to inform the previous plan.

To ensure the needs of consumers are considered and addressed in clinical and non-clinical settings, the Plan has been aligned with the NSQHS Standards (second edition). The purpose of the NSQHS Standards is to protect consumers from harm and improve the quality of health care.

The standards describe the level of care that should be provided by organisations and the systems that are needed to deliver such care.[10] The Plan outcomes and strategic objectives align with the standards for Clinical Governance, Partnering with Communities and Communicating for Safety.

The Plan will assist NSW Health to meet its obligations under the *Multicultural NSW Act 2000* and the Multicultural Policies and Service Program (MPSP) (see Appendix 1).

## Audience

All NSW Health organisations should use this Plan to either develop a local plan for culturally and linguistically diverse communities or embed elements of the Plan as appropriate in other strategic planning documents.

## People from refugee and refugee-like backgrounds

This Plan complements the NSW Refugee Health Plan, which addresses the health and wellbeing of people with refugee and refugee-like experiences who have settled in NSW.

## NSW Health multicultural health principles

This Plan is guided by the following NSW multicultural health principles:

- People from culturally and linguistically diverse backgrounds will have access to quality health services that recognise and respect their linguistic and cultural needs.
- People from culturally and linguistically diverse backgrounds will have access to appropriate health information.
- Health policies, programs and services will be responsive to the health needs of people from culturally and linguistically diverse backgrounds.
- People from culturally and linguistically diverse backgrounds will be included in decisions about health services that affect them.
- Multicultural health programs and services will be evidence-based and/or support best practice in the provision of health services in a culturally and linguistically diverse society.

# Plan on a page – VISION

**An equitable, accessible and safe health system that ensures cultural and linguistic diversity is recognised and addressed in policy development, service planning and delivery**

| OUTCOMES | STRATEGIC OBJECTIVES | NSQHS ACTION |
|---|---|---|
| **Outcome 1:** NSW Health has strategies in place to improve access and quality of care for all people from culturally and linguistically diverse backgrounds, particularly people with vulnerabilities | Our organisation routinely considers the health needs of culturally and linguistically diverse consumers, their carers and their families in the development and review of strategic plans, clinical and non-clinical service plans and relevant policies | 1.13 and 1.15 |
| | Our organisation has systems and processes in place to support assessment, care planning, care delivery and transfer of care that meet the cultural and linguistic needs of consumers | 1.15, 2.8 and 6.3 |
| | Our local health district/specialty health network uses clinical record systems to track and monitor professional interpreter need and use | 1.8, 1.16 and 2.4 |
| **Outcome 2:** NSW Health supports people from culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health | Our organisation routinely involves culturally and linguistically diverse consumers, their carers and their families when developing, implementing and evaluating programs, projects and resources | 2.9 and 2.11 |
| | Our organisation communicates effectively with consumers of culturally and linguistically diverse backgrounds using a range of appropriate formats, media and communication channels | 2.8, 2.10 and 6.3 |
| | Our organisation seeks to ensure that consumers, their carers and their families can access professional healthcare interpreters when required and that infrastructure is in place to support efficient provision of services | 2.10 |
| **Outcome 3:** NSW Health is responsive to people's individual needs, language and culture | Our organisation's leaders promote and improve cultural responsiveness | 1.1 |
| | Our organisation assesses the cultural responsiveness of our staff and addresses gaps. We embed cultural responsiveness into our wider training activities and our approach to providing services | 1.20 and 2.14 |
| | Our organisation provides services and has designated positions to work with and respond to the needs of priority culturally and linguistically diverse communities, including people from refugee backgrounds | 1.15 |
| **Outcome 4:** NSW Health understands the needs, experiences and identities of culturally and linguistically diverse communities in NSW | Our organisation collects accurate language, country-of-birth and need-for-interpreter data in our clinical record systems | 1.16 and 6.11 |
| | Our organisation and services can access clinical, population health, public health and demographic data on culturally and linguistically diverse consumers to:<br>• develop our understanding of consumer service access and use, and patient journeys<br>• identify priority health issues and groups of consumers who are at higher risk of poorer health outcomes<br>• respond to the needs of these consumers, including small and emerging communities | 1.15 |
| | Our organisation initiates or encourages research projects to understand evidence gaps for culturally and linguistically diverse consumers and communities | 2.11 |

# Snapshot of cultural and linguistic diversity in NSW

In 2016 NSW had a population of **7,480,237** (2016 Census)[11]

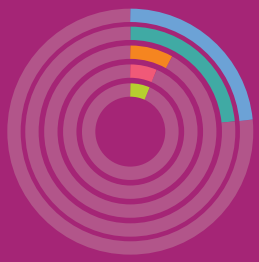
**28%** were born overseas

**21%** were born in a country other than main English speaking countries[a]

**47%** had one or both parents born overseas

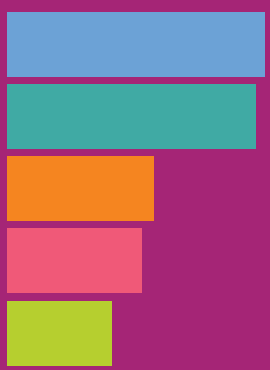
**25%** spoke a language other than English at home, including a sign language

The **most common ancestries** were[12]



- **23.2%** English
- **22.9%** Australian
- **7.5%** Irish
- **5.9%** Scottish
- **5.2%** Chinese

The **most common countries of birth** other than Australia were[13]



- **3.1%** China
- **3.0%** England
- **1.9%** India
- **1.6%** New Zealand
- **1.2%** Philippines

Between 2011 and 2016 the **countries of birth** with the **largest increase in number** were[14]

- **16,835** Nepal
- **48,031** India
- **78,417** China
- **16,353** Philippines
- **12,230** Vietnam

The most commonly spoken **languages in the home other than English** were[15]

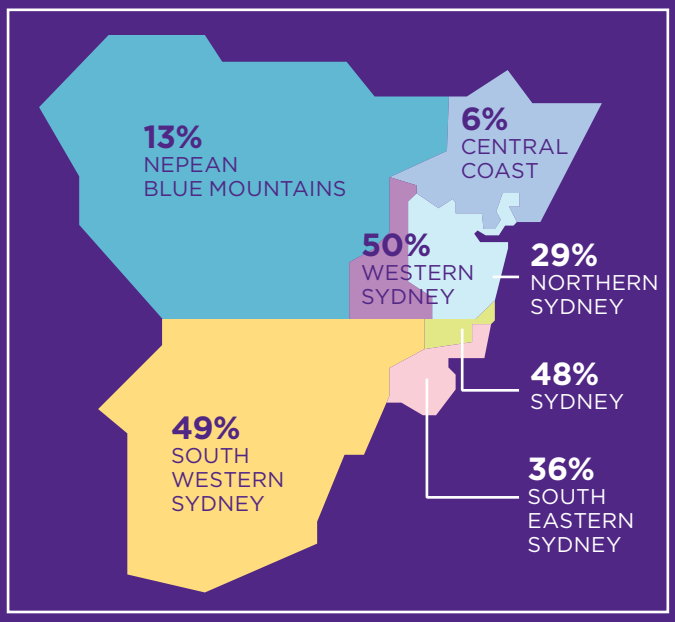
- **3.4%** Mandarin
- **2.9%** Arabic
- **2.0%** Cantonese
- **1.5%** Vietnamese
- **1.2%** Greek

Between 2011 and 2016 the **number of people who spoke a language** other than English **increased from 1,551,903 to 1,878,653.**[16]

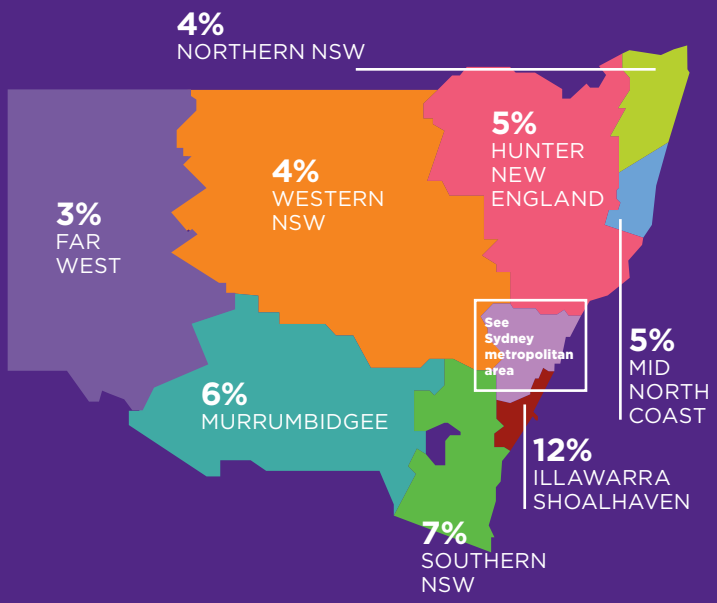
a Main English-speaking countries: UK, Republic of Ireland, USA, Canada, UK, South Africa. These countries are those from which Australia receives, or has received, significant numbers of overseas settlers who are likely to speak English. 3415.0 – Migrant Data Matrices, 2013, Glossary, Australian Bureau of Statistics.

% people who **speak a language other than English at home**

**Sydney metropolitan area**

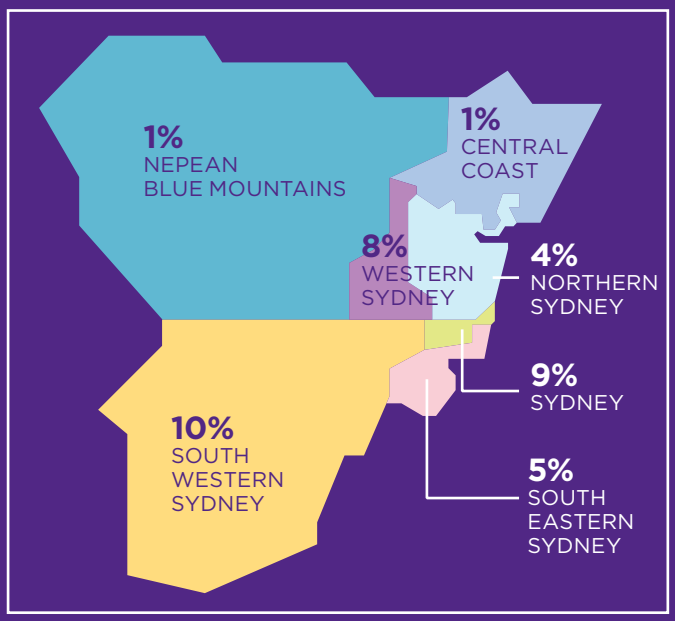



**Regional and Rural NSW**

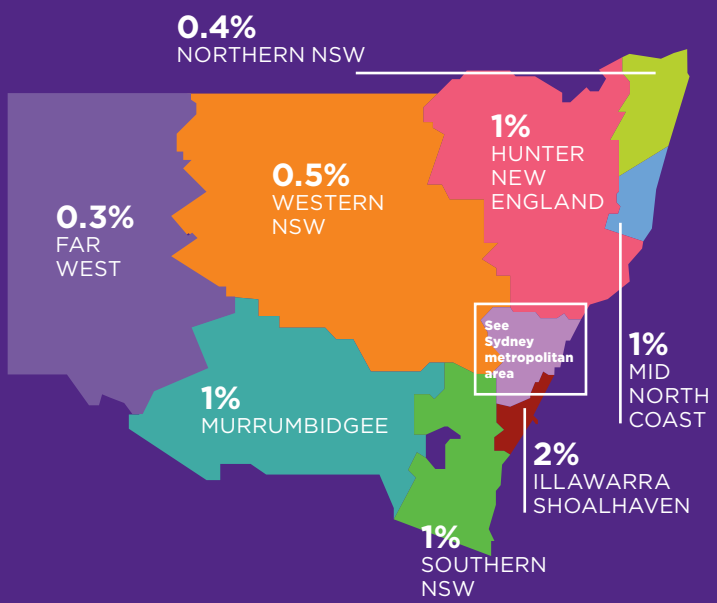



% of people who **do not speak English well or at all**

**Sydney metropolitan area**




**Regional and Rural NSW**



# The health of culturally and linguistically diverse communities

Many people from culturally and linguistically diverse backgrounds are healthier than the general population. This is particularly true for new migrants, but with acculturation the 'healthy migrant effect' can diminish over time.

## Disease and health risk factors

According to NSW Population Health Survey data for 2014–17, when compared to all NSW residents, people born in some countries have higher rates of:

- daily or occasional smoking (all NSW residents 15%; Iraq 27%; Lebanon 25%)
- overweight or obesity (all NSW residents 53%; Lebanon 75%; Italy 72%; Iraq 66%)
- inadequate physical activity (all NSW residents 42%; Lebanon 60%; Italy 58%; Vietnam 55%; Iraq 55%)
- diabetes or high blood glucose (all NSW residents 9%; Italy 23%; Lebanon 17%; Vietnam 14%; United Kingdom 12%).[17]

Admitted patient data for public hospitals shows people born in certain countries have higher rates of admission to hospital when compared to all countries of birth for a selection of conditions. See Table 1 on the next page.

## Migration and settlement

Migration and settlement can adversely affect the physical and/or mental health of both individuals and communities. Although this is particularly evident with refugees and humanitarian entrants, there is evidence that these factors can negatively affect the health status of all migrants.[18]

The factors that may affect physical and/or mental health include:

- stress associated with the practical aspects of migration and settlement in a new country, for example, learning a new language and culture, finding accommodation, gaining recognition of qualifications and finding suitable employment
- whether migration was voluntary or involuntary
- absence of supportive family, community and social networks
- racism and discrimination
- health literacy, including cultural perspectives on illness, attitudes to preventive health care and familiarity with the health care system.[19]

## Access to health services

The health of culturally and linguistically diverse consumers can be affected by poor access to health services and a lack of appropriate information to make informed decisions. Factors that can affect access to appropriate healthcare services include, but are not limited to:

- English language proficiency and access to professional interpreters
- lack of knowledge of the healthcare system, particularly primary health care
- isolation and absence of social and family support networks
- cultural stigma and shame around health issues including disability, sexually transmitted diseases (such as HIV), tuberculosis, mental illness, alcohol and other drug use
- previous unfavourable or negative experiences with a health system, overseas or after migration to Australia
- past and ongoing experience of psychological trauma.

**Table 1: Countries of birth with highest rate of episodes of admitted patient care per 1,000 persons**[20]

| Condition | Countries of birth |
|---|---|
| Coronary heart disease | Malta, Greece, Lebanon, Samoa, Turkey, Croatia |
| Diabetes | Cook Islands, Tonga, Croatia, Greece, Samoa, Italy |
| Dialysis | Cook Islands, Samoa, Tonga, Greece, Egypt, Fiji |
| Heart failure | Greece, Italy, Croatia, Malta, FYR of Macedonia, Egypt |
| Tuberculosis | Tonga, Nepal, Bangladesh, Indonesia, Philippines, Zimbabwe |

Some consumers from culturally and linguistically diverse communities within certain settings can be particularly vulnerable to poor health outcomes or poor access to health services for reasons including those outlined above. These consumers include, but are not limited to, those who are:

- carers
- living with complex chronic conditions including mental illness
- people with disability
- older, including people from refugee and refugee-like backgrounds
- lesbian, gay, bisexual, trans, intersex or queer
- in and on release from custody.

## Culture and language inform engagement with the health system

Culture influences how consumers define health and illness and how they perceive and respond to health information. It affects how healthcare is sought, how symptoms are described, how treatment options are considered, and whether treatment will be chosen and adhered to.[21] Cultural beliefs and expectations and lack of proficiency in English can lead to issues with accessing mainstream services, including primary healthcare, preventive health, community health, acute, subacute and mental health services.[22] For example:

- Asian men who are gay and homosexually active can face barriers to health promotion and HIV prevention, treatment and care due to previous experiences of criminalisation, racism or isolation and fear of disclosure.[23]
- Older culturally and linguistically diverse consumers are at higher risk of mental health issues than their Australian-born peers. They are less likely to use mental health services and are more likely to present at a later stage of their mental illness. Stigma attached to having a mental health problem can lead to delays in diagnosis and treatment.[24]

## Health literacy is shaped by culture, values and language

Low health literacy is a barrier to better health outcomes and to accessing appropriate services in a timely manner.[25] A consumer's ability to understand and use health information is affected by an interaction of:

- their language and numeracy skills in English and their preferred language, knowledge of health concepts, cultural views and preferences
- the quality, clarity and cultural relevance of written and verbal information provided by health services.[26]

The ACSQHC recommends a 'universal precautions' approach to health literacy to help avoid miscommunication. The approach works on the assumption that all consumers possess a minimal level of health literacy. It is therefore important to assume that there will be barriers to understanding and that it will be necessary to reduce the complexity of the information and services that are provided. This is regardless of the language spoken and applies even if information is professionally translated or interpreted into their preferred language.[27]

Accessible, high quality health information in a range of formats and media is a major component of health literacy. Quality health information promotes involvement in decision-making. Materials tailored for consumers with low health literacy can improve their knowledge and understanding.[28]

## Language support when accessing health services

Effective communication is critical to accessible, safe and high quality services. It is also essential to ensure equitable social and healthcare outcomes for consumers, their carers and their families.[29]

Consumers who do not speak English fluently may need language assistance to access NSW Health services. Engaging a professional interpreter enables consumers from linguistically diverse backgrounds, including people who are deaf, to make informed decisions about their treatment and to participate in their care.

In 2017–18, the five NSW Health Care Interpreter Services provided more than 670,000 occasions of an interpreting service, an increase of 68,000 over 2015–16. The most common languages requested were Arabic, Mandarin, Cantonese and Vietnamese.

## Engaging consumers in service design and evaluation

Evidence shows that effective partnerships with consumers can lead to good consumer experiences and high quality health care. Engaging consumers, their carers and families from diverse backgrounds in service design, research and evaluation activities can support more equitable access and service delivery.

Culturally and linguistically diverse consumers, carers and families are less likely than other members of the community to participate in these activities.[30] Reasons include weak links with communities, limited opportunity for consumer input, inappropriate or unfamiliar engagement approaches, low health literacy, language barriers, financial barriers and cultural expectations or stigmas.[31]

## Using patient data collected by health organisations

Consumer involvement in research and evaluation provides part of the picture, but health services also require current and accurate data on cultural diversity and the health status of culturally and linguistically diverse communities. Data collected by NSW Health informs the provision of clinical services, service planning and improvement. Good quality country-of-birth, preferred-language and need-for-interpreter data can be used, and is used, to link service use with culturally and linguistically diverse consumers. This data can help organisations to more effectively target services within the local area.

Other data sources such as ancestry or ethnic origin may also be useful to identify distinct cultural groups or groups that originate from countries which 'country-of-birth' is unable to identify.

# Implementation plan

## NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023

### Outcome 1. NSW Health has strategies in place to improve access to and quality of care for all people from culturally and linguistically diverse backgrounds, particularly people with vulnerabilities

**NSQHS Standard:** 1. Clinical Governance

**MPSP Framework Outcomes:** 1. Mainstream services deliver for everyone; 2. Targeted programs fill the gaps; 4. Strong plans to deliver services

| STRATEGIC OBJECTIVES | INDICATORS | RESPONSIBLE |
|---|---|---|
| **1. Our organisation routinely considers the health needs of culturally and linguistically diverse consumers, their carers and their families in the development and review of strategic plans, clinical and non-clinical service plans and relevant policies (NSQHS Actions 1.13 and 1.15)** | 1.1 Policy development, strategic planning, clinical and non-clinical service planning processes include culturally and linguistically diverse consumers, their carers and their families<br>1.2 Evidence of improvements and change based on consultation and feedback from culturally and linguistically diverse consumers, their carers and families | • All organisations |
| **2. Our organisation has systems and processes in place to support assessment, care planning, care delivery and transfer of care that meet the cultural and linguistic needs of consumers (NSQHS Actions 1.15, 2.8 and 6.3)** | 2.1 Development of models of care and other relevant strategies to meet the needs of culturally and linguistically diverse consumers, including vulnerable groups | • Local health districts<br>• Specialty health networks<br>• Statewide multicultural health services<br>• Agency for Clinical Innovation<br>• Clinical Excellence Commission<br>• Cancer Institute NSW |
| **3. Our local health district/specialty health network uses clinical record systems to track and monitor professional interpreter need and use (NSQHS Actions 1.8, 1.16 and 2.4)** | 3.1 Attendance of professional interpreters is recorded in electronic medical records and reason for not providing an interpreter is noted as required by the Interpreter Policy | • Local health districts<br>• Specialty health networks<br>• Health Care Interpreter Services |
| | 3.2 Strategies in place to address unmet demand[c] for professional interpreter use | • Local health districts<br>• Specialty health networks<br>• Health Care Interpreter Services<br>• Ministry of Health |
| | 3.3 Regular audits of 'consent for surgery/ procedures' to ensure that professional interpreters are used in accordance with NSW Health policy, aiming for 100% compliance | • Local health districts<br>• Specialty health networks |
| | 3.4 Health Care Interpreter Service data: occasions of service, unmet requests and cancellations | • Health Care Interpreter Services |

c. Unmet demand is defined as consumers who indicated the need for an interpreter but were not provided with the service.

## Outcome 2. NSW Health supports people from culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health

**NSQHS Standards:** 2. Partnering with Consumers; 6. Communicating for Safety

**MPSP Framework Outcomes:** 3. People from culturally diverse backgrounds are aware of NSW Government services, programs and functions; 8. Collaboration with diverse communities

| STRATEGIC OBJECTIVES | INDICATORS | RESPONSIBLE |
|---|---|---|
| **4. Our organisation routinely includes culturally and linguistically diverse consumers, their carers and their families when developing, implementing and evaluating programs, projects and resources (NSQHS Actions 2.9 and 2.11)** | 4.1 Evidence of involvement of culturally and linguistically diverse consumers, their carers and their families to improve safety, quality and service delivery<br>4.2 Formal links with statewide and district multicultural health services to access advice and expertise | • All organisations |
| **5. Our organisation communicates effectively with consumers of culturally and linguistically diverse backgrounds using a range of appropriate formats, media and communication channels (NSQHS Actions 2.8, 2.10 and 6.3)** | 5.1 Information resources are developed in formats that meet the needs of culturally and linguistically diverse consumers and are accessible | • All organisations<br>• In particular for health literacy and statewide communication:<br>– Clinical Excellence Commission<br>– Multicultural Health Communication Service |
| | 5.2 Strategies to improve communication between health staff and culturally and linguistically diverse consumers, their carers and families | • All organisations |
| **6. Our organisation seeks to ensure that consumers, their carers and their families can access professional interpreters when required and that infrastructure is in place to support efficient provision of services (NSQHS Action 2.10)** | 6.1 Improved access to and efficiency of interpreter service provision using appropriate infrastructure including video interpreting | • Local health districts<br>• Specialty health networks<br>• Health Care Interpreter Services<br>• Agency for Clinical Innovation<br>• Ministry of Health |
| | 6.2 Evidence of activity to implement the NSW Health policy: Interpreters – Standard Procedures for Working with Health Care Interpreters | • Local health districts<br>• Specialty health networks<br>• Health Care Interpreter Services<br>• Cancer Institute NSW |

## Outcome 3. NSW Health is responsive to people's individual needs, language and culture

**NSQHS Standards:** 1. Clinical Governance; 2. Partnering with Consumers

**MPSP Framework Outcomes:**
2. Targeted programs fill the gaps; 6.
Demonstrated leadership in culturally inclusive practices; 7.
Increased recognition of the value of cultural diversity

| STRATEGIC OBJECTIVES | INDICATORS | RESPONSIBLE |
|---|---|---|
| **7. Our organisation's leaders promote and improve cultural responsiveness (NSQHS Action 1.1)** | 7.1 Evidence of activity by senior leaders to champion cultural responsiveness | • All organisations |
| **8. Our organisation assesses the cultural responsiveness of our staff and addresses gaps. We embed cultural responsiveness into our wider training activities and our approach to providing services (NSQHS Action 1.20 and 2.14)** | 8.1 Strategies in place to build the cultural responsiveness of staff | • All organisations |
| | 8.2 Increase in the proportion of staff participating in My Health Learning modules relating to:<br>– cultural competency<br>– working with interpreters | • All organisations |
| | 8.3 Development and use of local surveys to measure culturally and linguistically diverse consumer experience of care/service | • Local health districts<br>• Specialty health networks |
| | 8.4 High proportion of 'Good/Very Good' overall rating of care in the Bureau of Health Information, Admitted Adult Patient Survey (respondents who speak a language other than English at home) | • Local health districts<br>• Specialty health networks<br>• Bureau of Health Information |
| **9. Our organisation provides services and has designated clinical and non-clinical positions to work with and respond to the needs of priority culturally and linguistically diverse communities, including people from refugee backgrounds (NSQHS Action 1.15)** | 9.1 Evidence of designated positions and initiatives and services | • Local health districts<br>• Specialty health networks<br>• Statewide multicultural health services<br>• Health Care Interpreter Services<br>• Cancer Institute NSW |

## Outcome 4. NSW Health understands the needs, experiences and identities of culturally and linguistically diverse communities in NSW

**NSQHS Standards:** 1. Clinical Governance; 2. Partnering with Consumers; 6. Communicating for Safety

**MPSP Framework Outcomes:** 5. Evidence Driven Planning; 9. Understanding the needs of people from diverse backgrounds

| STRATEGIC OBJECTIVES | INDICATORS | RESPONSIBLE |
|---|---|---|
| **10. Our organisation collects accurate language, country-of-birth and need-for-interpreter data in our clinical record systems (NSQHS Actions 1.16 and 6.11)** | 10.1 Strategies are in place to improve accuracy of country-of-birth, preferred-language and interpreter-required data collection | • Local health districts<br>• Specialty health networks<br>• Statewide multicultural health services<br>• Ministry of Health |
| **11. Our organisation and services can access clinical, population health, public health and demographic data on culturally and linguistically diverse consumers to:**<br>**– develop our understanding of consumer service access and use, and patient journeys**<br>**– identify priority health issues and groups of consumers who are at higher risk of poorer health outcomes**<br>**– respond to the needs of these consumers, including small and emerging communities (NSQHS Action 1.15)** | 11.1 Evidence of how data has been used to improve or change service design and delivery to address the health needs of culturally and linguistically diverse consumers and communities | • All organisations |
| | 11.2 Reports on health-service use and need consider priority population groups and include relevant data on cultural and linguistic diversity | • Local health districts<br>• Specialty health networks<br>• Ministry of Health Pillars |
| **12. Our organisation initiates or encourages research projects to understand evidence gaps for culturally and linguistically diverse consumers and communities (NSQHS Actions 2.11)** | 12.1 Evidence of approach to promoting and including culturally and linguistically diverse consumers in research projects where appropriate | • All organisations |
| | 12.2 Research findings are disseminated and inform improvements to service design and delivery | • All organisations |

# Implementing, monitoring and evaluating the Plan

Within NSW Health, each organisation determines its direction for multicultural health services and programs. Mainstream services should recognise and address cultural and linguistic diversity in their planning and delivery of services and support staff to be increasingly culturally responsive.

District and statewide multicultural health services aim to meet the needs of vulnerable populations and address specific health concerns. Statewide multicultural health services also have an important role in guiding and advising mainstream services.

## Actions to implement the Plan

NSW Health organisations should:

- nominate a senior officer to sponsor the implementation and reporting of work under this Plan.
- have a multicultural or diversity committee chaired by the chief executive (or a delegate) and attended by senior managers with representatives from key stakeholder groups, including community, multicultural health staff and statewide services and programs.
- have a process in place to assess the health needs of the culturally and linguistically diverse communities within their area.
- identify priority groups of need, potential health risks and/or priority healthcare settings that will be the focus of local strategies to implement this Plan.
- undertake a needs assessment and develop local strategies in partnership with consumers who are from culturally and linguistically diverse communities, their carers and their families, health services, public health units, district and statewide multicultural health services, primary health networks and community organisations.
- have a local-level plan of action to implement this Plan, evidenced by a health plan for cultural and linguistically diverse communities or the incorporation of cultural and linguistic diversity into local strategies, plans and other local approaches.
- include consideration of feedback and of the needs of culturally and linguistically diverse consumers, their carers and their families in wider strategic planning and performance reviews.
- include evaluation in multicultural health projects and programs. The experiences and views of culturally and linguistically diverse consumers, their carers and families should be included as part of these evaluations.

## Actions to monitor and evaluate the Plan

The MPSP reporting process is the primary mechanism for monitoring public sector activity in the implementation of the NSW multicultural principles (see 'policy and legislative context' section). As a key agency, NSW Health reports annually on progress in this area.

MPSP reporting applies to Ministry of Health branches, local health districts, specialty health networks, pillars, statewide health services, statewide multicultural health services and programs. The Ministry will coordinate NSW Health reporting on the implementation of this Plan under the MPSP and the *Multicultural NSW Act 2000*.

Organisations will be required to report annually to the Ministry of Health on the implementation of their local plan or strategy. This information will inform the NSW Health Annual Report and an additional report for Multicultural NSW that will be provided every two years. The MPSP reporting process is an opportunity for NSW Health organisations to analyse their work and share successes and good practice. A consolidated NSW Health MPSP report will be shared with organisations annually.

The Ministry will develop a monitoring and evaluation plan. The Ministry will review indicators over the life of the Plan and report on this at the relevant local and statewide committees. A full evaluation will be undertaken at the end of the life of the Plan.

# Cultural responsiveness in health care

The *NSW Multicultural Act 2000* requires all individuals and institutions to respect and make provision for the language and culture of others. It is therefore incumbent on NSW Health services and health professionals to be aware of and responsive to the health needs of the culturally and linguistically diverse communities they serve.

Culturally responsive healthcare services are respectful of and relevant to the health beliefs, health practices, culture and linguistic needs of culturally and linguistically diverse consumers, their carers and their families. Cultural responsiveness emphasises the capacity to respond to the healthcare issues of consumers. It therefore requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.[32]

The benefits of cultural responsiveness in healthcare include:

- patient safety and quality assurance
- access and equity for all groups in the population
- communication and understanding between consumers and health staff
- consumer health literacy and reduced delays in seeking healthcare and treatment
- reduction in failure-to-attend and readmission rates
- consumer/patient satisfaction with healthcare
- improved 'public image' of health services
- better use of resources.[33]

### A culturally responsive health system:

- values cultural and linguistic diversity and cultural knowledge
- undertakes cultural self-assessment to understand and identify strategies to improve responsiveness to culturally and linguistically diverse community needs
- provides appropriate language services and supports.

### Its leaders:

- take a systemic approach and see being culturally responsive as everyone's business
- implement and evaluate policies that support equity and access
- provide clear leadership for multiculturalism and cultural responsiveness.

### It supports its workforce by:

- providing resources to build the cultural responsiveness of its workforce
- recognising the expertise of multicultural and bilingual workers by supporting them to lead projects and programs for culturally and linguistically diverse communities
- supporting clinical staff to develop skills and capacity to provide care that is considerate of the consumer's cultural needs, especially in terms of decision-making about care.[d]

### It develops its knowledge by:

- consulting with culturally and linguistically diverse consumers to inform policy development, and service planning, implementation and evaluation
- understanding how culture can influence a consumer's approach to or understanding of health issues and the effect of these factors on hospital/facility access and utilisation
- understanding the risk factors and common health conditions experienced by communities and how these can be addressed through early intervention and health-promotion initiatives
- implementing and monitoring indicators of patient safety and quality for culturally and linguistically diverse communities
- consistently and systematically including cultural and linguistic diversity in research and data collection.

### It enhances access and equity by:

- supporting participation of culturally and linguistically diverse community groups and health consumers in policy and program development
- developing specialist services and models of care that are culturally appropriate and address people with particular needs
- promoting and directing people to multicultural services and resources
- addressing barriers to access in mainstream services.[34, 35, 36, 37, 38, 39, 40]

d. For some cultural groups involving family and community members may be necessary for obtaining consent and adherence to treatment. However, it is important to communicate with the consumer about their preference for family and community involvement. In some situations, involvement may result in the consumer not accessing needed health care services such as testing and treatment due to fear of rejection or stigma.

# Policy and legislative context

### *Multicultural NSW Act 2000*

The Act established the multicultural principles as the policy of the State and constituted NSW Government agency Multicultural NSW. The functions of Multicultural NSW include the implementation of the Multicultural Policies and Services Program (MPSP). Under the MPSP government agencies are required to implement a multicultural plan. NSW Health is required to report on progress in implementing the Plan each year in its annual report and once every two years in a report for Multicultural NSW.[41]

The multicultural principles are:

a) all individuals in New South Wales, irrespective of their linguistic, religious and ancestral backgrounds, should demonstrate a unified commitment to Australia, its interests and its future

b) all individuals in New South Wales should recognise the importance of shared values governed by the rule of law within a democratic framework

c) the people of New South Wales are people of different linguistic, religious and ancestral backgrounds who, either individually or in community with other members of their respective groups, are free to profess, practise and maintain their own linguistic, religious and ancestral heritage

d) all individuals and institutions should respect and make provision for the culture, language and religion of others within an Australian legal and institutional framework where English is the common language

e) all individuals in New South Wales should have the greatest possible opportunity to:

   i) contribute to, and participate in, all aspects of public life in which they may legally participate, and

   ii) make use of, and participate in, relevant activities and programs provided or administered by the Government of New South Wales

f) all institutions of New South Wales should recognise the linguistic and cultural assets in the population of New South Wales as a valuable resource and promote this resource to maximise the development of the State.

### National Safety and Quality Health Service Standards

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of healthcare. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care. The second edition of the NSQHS Standards was released in November 2017.[42]

The strategies included in the Plan align with Standard 1: Clinical Governance, Standard 2: Partnering with Consumers, and Standard 6: Communicating for Safety.

### NSW Community Resilience & Response Plan (COMPLAN)

The COMPLAN details the coordinated approach by NSW Government agencies and local government partners to managing and mitigating community harmony risks, and to improving conditions for community harmony within NSW. This Plan contributes to community harmony by promoting the inclusion of culturally and linguistically diverse consumers in the planning, implementation and review of health services and programs.

### NSW State Health Plan: Towards 2021

The State Health Plan[43] sets the direction for NSW Health, with a focus on:

- keeping people healthy
- providing world-class clinical care
- delivering truly integrated care.

The State Health Plan aims to improve health services and support healthier communities for all who live in NSW. The Plan recognises that some people and communities have particular health needs and barriers to accessing the care they need.

## NSW Health strategies, plans and policies

The ambition of this Plan is to make sure culturally and linguistically diverse communities are recognised and addressed by all parts of NSW Health.

This Plan is connected to other statewide strategies that the Ministry has developed to support planning and delivery of care to groups of people with particular needs. This includes people living with mental health issues, people with disability, carers, people living in rural areas or whose age, gender or sexual orientation shapes their experience of care.

Below are the NSW Health policies, plans and frameworks of most relevance to this Plan's delivery, current at the time of publishing and available at https://www.health.nsw.gov.au.

- NSW State Health Plan: Towards 2021
- NSW Rural Health Plan: Towards 2021
- Refugee Health Plan: 2011–2016 (new plan due for completion in 2019)
- Living Well: A Strategic Plan for Mental Health: 2014–2024, Mental Health Commission
- NSW Strategic Framework for Mental Health 2018–2022
- NSW Health Recognition and Support for Carers: Key Directions, 2018–2023
- NSW Health Disability Inclusion Action Plan 2016–19
- NSW Youth Health Framework 2017–24
- NSW Men's Health Framework
- NSW Women's Health Framework
- NSW Hepatitis B Strategy 2014–2020
- NSW Hepatitis C Strategy 2014–2020
- NSW STI Strategy 2016–2020
- Interpreters – Standard Procedures for Working with Health Care Interpreters
- NSW Health Code of Conduct
- NSW Health Workplace Culture Framework.

# Appendix 1:

## Multicultural Policies and Service Program Framework

Multicultural NSW is the lead agency for implementing the policy and legislative framework to support the multicultural principles in NSW, as set out in the *Multicultural NSW Act 2000.* Multicultural NSW developed the Multicultural Policies and Services Program (MPSP) to enable government agencies to show how they are planning for culturally and linguistically diverse communities.

The MPSP Framework is outcome-focused and consists of four focus areas and nine outcomes. The focus areas are Service Delivery, Planning, Leadership and Engagement.

Further information about Multicultural NSW and the MPSP can be viewed at https://multicultural.nsw.gov.au

**Table 2: Alignment of Plan outcomes and MPSP Framework outcomes**

| Plan Outcomes | MPSP Framework Outcomes |
|---|---|
| NSW Health has strategies in place to improve access and quality of care for all people from culturally and linguistically diverse backgrounds, particularly vulnerable people | Mainstream services deliver for everyone<br>Targeted programs fill the gaps<br>Strong plans to deliver services |
| NSW Health supports people from culturally and linguistically diverse backgrounds to build their health literacy to be active partners in decisions about their healthcare | People from culturally diverse backgrounds are aware of NSW Government services, programs and functions<br>Collaboration with diverse communities |
| NSW Health is responsive to people's individual needs, language and culture | Targeted programs fill the gaps<br>Demonstrated leadership in culturally inclusive practices<br>Increased recognition of the value of cultural diversity |
| NSW Health has a good understanding of the needs, experiences and identities of our culturally and linguistically diverse communities | Evidence driven planning<br>Understanding the needs of people from diverse backgrounds |

# Appendix 2:

## NSW Health multicultural programs and services

### Multicultural health services

Multicultural health services in NSW implement and monitor a range of programs to facilitate equitable access to healthcare for culturally and linguistically diverse consumers, including those from a refugee background. The role and functions of multicultural health services vary according to local need and population demographics and include:

- providing leadership in developing health policy and building the capacity of services to address the health needs of culturally and linguistically diverse communities.
- monitoring and reporting on the performance of the local health districts against the MPSP framework, the implementation section of this document, the NSW Refugee Health Plan, the local health district multicultural plan and/or other relevant strategic documents.
- ensuring research, policy, planning, learning and development, clinical governance, frontline health service provision and community engagement strategies of the local health districts take into account the needs of culturally and linguistically diverse communities.
- ensuring that the performance measurement of mainstream services includes reports on the health status of culturally and linguistically diverse communities.
- working in partnership with other government and non-government agencies to build the capacity of culturally and linguistically diverse communities and individuals in identifying and addressing their health needs and actively participating in their own health care.
- managing services that target culturally and linguistically diverse communities and are funded by other government agencies.

### Multicultural and bilingual health workers

Multicultural health workers perform local health district-wide roles (where appropriate) and are guided by this document and their local health district multicultural health plans. The range of services provided by multicultural health officers includes research, planning, consultancy, community development and capacity building, health education, health promotion and training.

In some local health districts, multicultural health workers are also designated bilingual health staff. Bilingual workers are generally employed in specific clinical roles (e.g. mental health, maternity services, sexual health and drug and alcohol services) to provide direct clinical services in language to consumers from the same language background.

A number of clinical and population health services target specific communities and employ staff to improve access to services. These include:

- the bilingual counsellor/clinician program
- the ethnic obstetric liaison program
- bilingual early parenting education officers
- bilingual community educators
- cultural support workers
- multicultural health promotion officers
- multicultural aged equity officers
- diversity health coordinators
- multicultural workforce development officers.

### Statewide specialist multicultural health services

Statewide multicultural health services develop and implement initiatives across NSW. They also assist to increase the capacity of the NSW Health system in providing local policy advice and training for mainstream health staff, and assessment and treatment for consumers. The statewide services are hosted by local health districts across NSW.

**Health Care Interpreter Services** operate across NSW, 24 hours a day, 7 days a week to ensure that non-English speaking consumers, including those who are deaf, are able to communicate effectively with any health provider within the NSW Health system.[44]

**The Multicultural HIV and Hepatitis Service** works with culturally and linguistically diverse communities and health services in NSW to reduce the health and social impact of HIV and viral hepatitis. The service employs bilingual/bicultural workers from 25 priority backgrounds to provide psycho-social support, conduct community engagement strategies, implement media campaigns and develop multilingual resources. The service works with a range of service providers to develop culturally safe models of care and enhance cultural responsiveness through the delivery of workforce development strategies.

**The NSW Multicultural Health Communication Service** (MHCS) works to ensure that culturally appropriate health information and communication initiatives are available for culturally and linguistically diverse communities. It provides advice on multilingual health communication initiatives, undertakes social research with key tertiary institutions and co-designs innovative communication models with culturally and linguistically diverse communities. MHCS provides a translation service and runs a website with health information in 50 languages. It also hosts consultations to identify the ongoing health needs and issues of culturally and linguistically diverse communities in NSW.

**The NSW Refugeee Health Service** aims to protect and promote the health of refugees and people of refugee-like backgrounds living in NSW. The service:

- provides nurse-led health assessments for newly arrived refugees
- provides medical assessments through GP clinics, particularly for asylum seekers
- runs an early childhood nurse program
- provides a dietetics clinic for young people aged 6 to 18 years from a refugee background who have limited access to other public dietetics services
- supports refugee arrivals with a disability or other complex health needs
- educates health service providers on refugee health issues
- provides targeted health education programs for refugees
- facilitates and conducts research in refugee health
- provides policy and planning input to help ensure appropriate services for refugees.

**The Transcultural Mental Health Centre** (TMHC) contributes to a comprehensive NSW Health response to mental health including public health planning and service provision. Its primary goal is to improve the mental health and wellbeing of culturally and linguistically diverse populations.

TMHC works in partnership with mental health services to support, build capacity and complement their work with culturally and linguistically diverse consumers across the life course. It provides secondary and tertiary level cross-cultural and culturally responsive face to face care and over the phone specialist consultation for health service providers on cultural factors related to mental ill health and mental health and wellbeing.

TMHC also works in partnership with multicultural, ethno-specific and community agencies to reduce stigma related to mental illness and enhance mental health literacy and knowledge on pathways to care for culturally and linguistically diverse community members.

**The Multicultural Problem Gambling Service for NSW** (MPGS) is funded by the Office of Responsible Gaming and delivered through the TMHC. MPGS provides information, advice, and telephone and face-to-face counselling for people from culturally and linguistically diverse communities who have a gambling problem and for their families. The service has developed a range of community education programs to raise awareness of the impact of problem gambling and provides a specialist consultation service for mainstream problem gambling agencies on cultural factors related to problem gambling.

**The NSW Education Program on Female Genital Mutilation** aims to prevent the practice of female genital mutilation (FGM) in NSW and to minimise the health and psychological impact of the practice on women, girls and families affected by or at risk of FGM. The program works collaboratively with local health districts and specialty health networks, broader health services, key government agencies and communities to develop and implement statewide strategies that:

- facilitate access to health services for women and girls affected by FGM to meet their health needs and improve their health outcomes.
- support professionals and services to provide best practice, integrated approaches to address the health impacts of FGM for affected women and girls.
- strengthen awareness and community action to prevent the practice of FGM through community development, education, information and support.

## Other statewide services

The **Education Centre Against Violence** (ECAV) is responsible for workforce development and training programs in the specialised areas of adult and child sexual assault, domestic and family violence, and abuse and neglect of children.

Training for health workers:

- violence against women in refugee communities
- violence against women in culturally and linguistically diverse communities
- domestic violence for bilingual community educators
- how to respond and support adult survivors of child sexual assault: A course for bilingual community educators
- practice issues for bilingual community educators.

Training for interpreters:

- interpreting for people who have experienced domestic and family violence
- interpreting for people who have experienced sexual assault
- interpreter and bilingual community educator practice forum.

## Affiliated health organisations

Affiliated health organisations are private benevolent institutions, recognised as public hospitals or public health service providers in respect of certain identified services under section 16 of the *Health Services Act* 1997 and Schedule 3.

**The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors** (STARTTS) is an affiliated health organisation that receives core funding from NSW Health. STARTTS aims to assist refugees and people from refugee-like backgrounds recover from their experiences of torture and/or trauma and build a new life in Australia. The service provides:

- counselling
- group therapy
- group activities and outings
- camps and groups for children and young people
- community development and health promotion
- training for health professionals working with refugees
- research on the specific needs of refugees.

## Non-government organisations

**The Drug and Alcohol Multicultural Education Centre** (DAMEC) is a statewide, non-profit, non-government organisation supported by NSW Health. DAMEC aims to reduce the harm associated with the use of alcohol and other drugs within culturally and linguistically diverse communities in NSW.

## NSW Ministry of Health

The Health and Social Policy Branch, NSW Ministry of Health provides leadership and guidance to support a systematic approach to multicultural health across NSW Health.It also coordinates NSW Health MPSP reporting for the NSW Health Annual Report and for Multicultural NSW.reporting for the NSW Health Annual Report and for Multicultural NSW.

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